

**CAMPERSHIP APPLICATION**  
**EPISCOPAL DIOCESES OF LOS ANGELES AND SAN DIEGO**

- The Camp Stevens Campership Fund provides monies to assist youth to attend Camp Stevens. These forms are held confidentially and are made available to the Campership Committee.
- This form is to be filled out by the referral person, priest, or other person from the church or community.
- The fees for the various camps are listed in the brochure.
- Every effort must be made to assist applicants from the local church or organization with part of the funds needed.

Please mail this form (*with deposit and application from brochure*) to:  
 CAMPERSHIP COMMITTEE, P.O. Box 2320, Julian, CA 92036  
 For questions call the Camp Registrar at (760) 765-0028  
 Please make checks payable to *Camp Stevens*

Camper's full name \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's/Guardian's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Wishes to attend (1st choice) \_\_\_\_\_ (2nd) \_\_\_\_\_ (3rd) \_\_\_\_\_ camp session.

**IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, ALL QUESTIONS MUST BE ANSWERED.**

Family gross income: \$ \_\_\_\_\_ per year. A - Who provides this income? \_\_\_\_\_  
 B - Is this child in foster care, on Medi-Cal or AFDC/TANF? \_\_\_\_\_  
 if Yes, provide County Identification (Case) # \_\_\_\_\_ \*

*\* Please send a photocopy of appropriate state document with ID#.*

Camper lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other: \_\_\_\_\_  
 Number of dependent children in family \_\_\_\_\_ (# of Boys/Ages: \_\_\_\_\_ # of Girls/Ages: \_\_\_\_\_)

Camper's Ethnic Background \_\_\_\_\_ American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ White  
 \_\_\_\_\_ Latino \_\_\_\_\_ African American \_\_\_\_\_ Other

\*\* list AMOUNT of the camp fee that will be paid by: Family \$ \_\_\_\_\_ Church \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Financial Eligibility Requirement. (Monthly income is the maximum permitted for corresponding family size)

Family Monthly Income (average) \$ \_\_\_\_\_ Family size \_\_\_\_\_ **Please attach proof of your Income.**

Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income
2	\$2,110	5	\$3,720	8	\$5,329
3	\$2,647	6	\$4,256	9	\$5,865
4	\$3,183	7	\$4,793	10	\$6,401

**\*\*IMPORTANT!** *To provide for maximum use of Campership funds and for the value of a personal investment of the family, each family is requested to make some partial payment toward the cost of the camping experience.*

**PLEASE LIST IN DETAIL THE MAIN REASONS WHY THIS APPLICANT SHOULD BE CONSIDERED AND ANSWER ALL QUESTIONS ON THE OTHER SIDE OF THIS FORM.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form completed by: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Church or Organization \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

1) Describe the child's home and neighborhood environment.

2) Please describe in detail any difficulties the child or family has experienced, such as physical, mental, emotional or situational problems.

3) Describe positive qualities the child or family has demonstrated (determination, initiative, etc.). These qualities should illustrate the reasons the child has been chosen to receive a campership.

4) Child's interests/future goals/hobbies.

5) Child's grade level/potential.